ATTENDING D	FNTIST'S ST	ATEMENT	Carrier nar	me and	address	*************			· · · · · · · · · · · · · · · · · · ·		
ATTEMPING D	LIVIIOI O OI	VI PIAITE	EDS	no and							
Dontiet's pro tran	tmont ostimata		PO BOX	v 244	1033						
Dentist's pre-trea	1			C104	. 4022						
	•		MONTG	OMERY	ALS	6124	1-4033	3			
x Dentist's stateme	ent of actual service:	s				,			.,		
Patient name first m.i.	last	2. Relation	nship to employee		3. Sex m f	4. Patie	ent birthdate DD	e YY.	5. If full time s	tudent	· · · · · · · · · · · · · · · · · · ·
(115)	idot	self	x child		j '''	''''			551,651		
Jane A	Doe	- = spo	use other		$ _{\mathbf{x}}$	12	15	89	city		
Jane A 6. Employee/subscriber name			ee/subscriber	8 Emn	loyee/subsc		1		pany) name and	address 10). Group number
o. Employearabbachber ham	s and maining address		c. or I.D. number	birth	date		o. Emplo	Act friend	party) martin area		· sales in a line of
Jane A. Doe		l									
100 Mayfair L	ane	l '		MM	DD	YY					
Anywhere AL 3	0000	00012	34567890		1 1		1				
11. Is patient covered by and		address of carrier(s)			12-b. Group	no.(s)	<u> </u>		13. Name and a	address of other	er employer(s)
dental plan?					··						
lf yes ⊠ no If yes, complete 12-a.								ļ			
Is patient covered by a med	lical										
plan? yes no											
14-a. Employee/subscriber na		14-1	. Employee/subscrib		14-c. Emplo	yee/sub	scriber		15. Relationship	to patient	
(if différent than patient		[soc. sec. or I.D. n		birthda MM	ate DD		ΥY	self	parent	
						1	t		spouse	other	
<u> </u>							ل	لبب		<u> </u>	
ave reviewed the following t lating to this claim. I underst	reatment plan. i authorize	e release of any info	ormation		i hereby au below nam			t dental l	penefits otherw	ise payable to	me directly to the
amy to and olumn i unudist	and the term respects to the		u outerorite	[
Signature on 1	File	1	0-21-99	1,	▶ Sigr	ıatıı	re on	File	٠.		10-21-99
gned (Patient, or parent if mine			ate	/ .	Signed (Ins			+ 4-1-0	-		Date
		D.	***					Non 12	yes, enter brief	description and	
16. Name of Billing Dentist o	r Dental Entity			1,	24. Is treatn of occup	pational		J 188 II	yes, enter brief	apaciipilon and	u ua:05.
Anywhere Den	tal Clinic			أ	iliness o	r injury?	x				·
17. Address where payment				:	25. Is treatn						
2000 34 7	- A A				or auto	accident	·				
2000 Maplewood City, State, Zip	od Land				26. Other ac	ccident?	X_	+		 	
Oity, State, Zip				ľ	20. Omo. a.	JOIGOIN!					
Anywhere AL							x_				
18. Dentist Soc. Sec. or T.I.N	N. 19. Dentist licen	ise no. 20. De	ntist phone no.		27. If prosth	esis, is t acement	this	(11	no, reason for r	eplacement)	28. Date of prior placement
630000000		(33	4) 123-456	7	mineu pr	acement	`	1 1			piacomani
	Place of treatment	23. Radiographs	s or No. Yes	How 3	29. ls treatn	nent for			services already		
current series Off	ice Hosp. ECF Oth	her models encl	losed?	many?	orthodor	ntics?		co	mmenced	placed	remaining
1.							v	ler	nter:		
subject mineling tooth with "se"			X				×		nter:		Teor
_	30. Examination and trea		order from tooth no.	1 through	tooth no. 3	32 – Use	chart syste	em shown	1.		For administrative
entify missing teeth with "x" FACIAL	30. Examination and treat	Description of service	order from tooth no.			32 – Use		em shown		Fee	
entify missing teeth with "x" FACIAL	30. Examination and trea	Description of service	order from tooth no.			32 – Use M	chart syste	em shown	n. Procedure	Fee	administrative
_	30. Examination and treat Tooth Surface # or	Description of service	order from tooth no.				chart syste	em shown	n. Procedure	Fee	administrative
_	30. Examination and treat Tooth Surface # or	Description of service (including x-rays, pr	order from tooth no. ce rophylaxis, materials	usad, etc		м	Date service performed o. Day	em shown ce d Year	n. Procedure number		administrative use only
FACIAL (5) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30. Examination and treat Tooth Surface # or	Description of service (including x-rays, programs) Exam—Comp	order from tooth no.	used, etc		M	Date service performed on Day	em shown ice d Year	Procedure number	38 00	administrative use only 0 000012345
FACIAL (5) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30. Examination and treat Tooth Surface # or letter	Description of service (including x-rays, programs) Exam—Comp	order from tooth no. ce rophylaxis, materials	used, etc		M	Date service performed o. Day	em shown ice d Year	n. Procedure number		administrative use only 0 000012345
FACIAL (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	30. Examination and treat Tooth Surface # or letter	Description of service (including x-rays, programs) Exam—Comp	order from tooth no.	used, etc		M	Date service performed on Day	em shown ice d Year	Procedure number	38 00	administrative use only 0 000012345
FACIAL (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	30. Examination and treat Tooth Surface # or letter	Description of service (including x-rays, programs) Exam—Comp	order from tooth no. cophylaxis, materials crehensive cs-Two Film	used, etc	2.)	M	Date service performed on Day	em shown	Procedure number	38 00	administrative use only 0 000012345
FACIAL (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	30. Examination and treat Tooth Surface # or letter	Description of service (including x-rays, programs) Exam—Comp	order from tooth no. cophylaxis, materials crehensive cs-Two Film	used, etc	2.)	M	Date service performed on Day	em shown	Procedure number	38 00	administrative use only 0 000012345
FACIAL (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	30. Examination and treat Tooth Surface # or letter	Description of service (Including x-rays, programs) Exam—Comp Bite Wing	creder from tooth no.	ms	») PLE	E C	Chart system Date service performed to Day 193099	em shown	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 20 (1) 12 (1) 7 8 9 10 11 12 (1) 14 (1) 15 (1) 15 (1) 10 11 16 (1) 17 (1) A 18 Jadden PRIMARRY PRIMARRY PRIMARRY PRIMARRY PRIMARRY PRIMARRY	30. Examination and treat Tooth Surface # or letter	Description of service (including x-rays, programs) Exam—Comp	creder from tooth no. creder ophylaxis, materials crehensive control of the con	ms MF	PLE ROVID		chart syste Date service performer o. Day 093099 093099	em shown Cce d Year	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth Surface # or letter	Description of service (Including x-rays, programs) Exam—Comp Bite Wing	creder from tooth no. creder ophylaxis, materials crehensive control of the con	ms MF	») PLE		chart syste Date service performer o. Day 093099 093099	em shown Cce d Year	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth Surface # or letter	Description of service (Including x-rays, programs) Exam—Comp Bite Wing	creder from tooth no. creder ophylaxis, materials crehensive control of the con	ms MF	PLE ROVID		chart syste Date service performer o. Day 093099 093099	em shown Cce d Year	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth # or letter WI	Description of service (Including x-rays, processing the Composition of Service) Exam—Composition Wing Wing HEN THE P	creder from tooth no.	ms MF NG PF NBER	PLE ROVID RS ARE	ER A	Date service performer on Day 193099	em shown ce d Year HE B	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth # or letter WI	Description of service (Including x-rays, programs) Exam—Comp Bite Wing	content from tooth no. cophylaxis, materials crehensive cs-Two Film SAI ERFORMIN NUN ce claim fil	ms MF NG PF NBER	PLE ROVID ES ARE	ER A	Date service performer on Day 193099	HE B	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth # or letter WI	Description of service (Including x-rays, processing the Composition of Service) Exam—Composition Wing Wing HEN THE P	content from tooth no. cophylaxis, materials crehensive cs-Two Film SAI ERFORMIN NUN ce claim fil	ms MF NG PF NBER	PLE ROVID RS ARE	ER A	Date service performer on Day 193099	HE B	Procedure number 00150 00272	38 00 16 00	administrative use only 0 000012345 0 000012345
FACIAL (1) 6 7 8 9 10 11 (2) 6 7 8 9 10 11 (3) 6 7 8 9 10 11 (4) 7 8 9 10 11 (5) 6 7 8 9 10 11 (6) 7 8 9 10 11 (7) 6 7 8 9 10 11 (8) 7 8 9 10 11 (9) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10 10 (10) 10 10	30. Examination and treat Tooth # or letter WI	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or complete	conder from tooth no. Concept ophylaxis, materials Crehensive SAI ERFORMIN NUN The Claim file Median	ms VIF VG PF VB PF	PLE ROVID RS ARE details	ER A DIF	Date service performed on Day 193099	Year HE B NT.	Procedure number 00150 00272 A ILLING F	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL 7 8 9 10 11 15 C P F G P 10 14 10 DE F G P 10 14 10 DE F G P 10 16 10 DE F G	30. Examination and treat Tooth # or letter WI	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL (1) (2) (2) (3) (4) (4) (5) (7 8 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12	30. Examination and treat Tooth # or letter WI	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL FACIAL	30. Examination and treat Tooth # or letter WI	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	conder from tooth no. Concept ophylaxis, materials Crehensive SAI ERFORMIN NUN The Claim file Median	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed	scale from tooth no. Coe ophylaxis, materials or chensive is Two Film SAI ERFORMIN NUN The claim film Medical or chensive is the claim film of the company of the compan	ms WF NG PF MBER ing collicato	ROVID S ARE	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Ch	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1	30. Examination and treat Tooth # or letter WI For	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P or completed dental property	specific control of the component of the	ms NG PF MBER ing clicaid	ROVID IS ARE details d Prov	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	we Chanua	Procedure number 00150 00272 ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P Promplet dental property	specific from tooth no. Composition of the composi	ms NG PF MBER ing clicaid	ROVID IS ARE details d Prov	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	Year HE B NT. pter ual.	Procedure number 00150 00272 A ILLING F 5 of the napter 1:	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL THE PRIMARY FRANCH FACIAL FACIAL THE PRIMARY FRANCH THE PRIMARY FR	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P Promplet dental property	specific from tooth no. Composition of the composi	ms NG PF MBER ing clicaid	ROVID IS ARE details d Prov	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	Year HE B NT. pter ual.	Procedure number 00150 00272 A ILLING P apter 1: al.	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE Por complete dental property to the have been completed to the complete that the complete tha	specific complete the complete from tooth no. Composition of the complete c	ms VIF NG PF NBER Ing colicaid ecific Medic	ROVID IS ARE details d Prov	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	Year HE B NT. pter ual.	Procedure number 00150 00272 A ILLING P apter 1: al.	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL 11 12 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE P Pr completed dental property for those procedure	specific complete the complete from tooth no. Composition of the complete c	ms VIF NG PF MBER ing collicate Medic	ROVID RS ARE details d Prov infor	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	HE B NT. pter dual.	Procedure number 00150 00272 A ILLING P apter 1: al.	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL FACIAL THE STANDARY FACIAL THE STANDARY FACIAL THE STANDARY FACIAL THE STANDARY THE STANDARY THE STANDARY THE STANDARY THE STANDARY FACIAL THE STANDARY THE	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE Por complete dental property to the have been completed to the complete that the complete tha	specific complete the complete from tooth no. Composition of the complete c	ms VIF NG PF NBER Ing colicaid ecific Medic	ROVID RS ARE details d Prov infor	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	HE B NT. pter dual.	Procedure number 00150 00272 ILLING F 5 of the napter 1: al.	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing HEN THE Por complete dental property to the have been completed to the complete that the complete tha	specific complete the complete from tooth no. Composition of the complete c	ms VIF NG PF NBER Ing colicaid ecific Medic	ROVID RS ARE details d Prov infor	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	HE B NT. pter :	Procedure number 00150 00272 A ILLING F 5 of the napter 1: al. Cotal Fee Charged Max. Allowable Deductible	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL TABLE TO SELINGUAL LO 186 TO SELINGUAL LO	30. Examination and treat Tooth # or letter WI For services	Description of service (including x-rays, property) Exam—Comp Bite Wing Bite Wing HEN THE Por complete dental property to the have been completed to the complete that the co	special control of the composition of the compositi	ms VIF NG PF NBER Ing colicaic ecific Medic	PLE ROVID RS ARE details difference inform caid P	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	HE B NT. pter :	Procedure number 00150 00272 A ILLING F 5 of the napter 1: al. Cotal Fee Charged Max. Allowable Deductible Carrier %	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345
FACIAL TABLE TO SELINGUAL LO 186 TO SELINGUAL LO	30. Examination and treat Tooth # or letter WI For Foresteen as indicated by dates as indicated by dates.	Description of service (including x-rays, property) Exam—Comp Bite Wing Bite Wing HEN THE Por complete dental property to the have been completed to the complete that the co	special control of the composition of the compositi	ms VIF NG PF NBER Ing colicaic ecific Medic	PLE ROVID RS ARE details difference inform caid P	ER A DIF	Date service Date service Date service Date service Date service Day D93099 D9309 D9	HE B NT. pter :	Procedure number 00150 00272 A ILLING F 5 of the napter 1: al. Cotal Fee Charged Max. Allowable Deductible	38 00 16 00 ROVIDI	administrative use only 0 000012345 0 000012345